Home Visitation as a Strategy

Home visitation programs provide the support new and expectant parents need to give their children the best start in life. Investing in perinatal home visitation services for all new and expectant parents improves their quality of life, and has additional, wider economic and societal benefits. Cost benefit analyses of home visitation programs estimate that well-run programs can return between $2.24 and $5.17 for each $1 invested. The well-documented benefits of perinatal home visitation include:

- Improved pregnancy outcomes for both mother and baby.
- Decreased rates of child abuse and neglect.
- Improved intellectual development, especially for low-birthweight babies and those who have failed to thrive.
- Reduced childhood accidents (“unintentional injuries”) and hazards in the home, and fewer emergency room visits.
- Increased breastfeeding rates.
- Improved parenting skills and home environment.
- Stronger parent-child bonding.
- Decreases in behavioral problems, including sleep problems.
- Improved maternal life course, including enhanced employment, education, and pregnancy spacing.
- Better detection and management of postpartum depression; and increases in developmental screening.

Home visitation is not just one specific intervention, set of interventions, or program model, but a general service delivery strategy. The pyramid on the next page depicts the categories of services provided by home visitation programs. As a rule, programs fall into one of two categories: targeted or universal. Targeted programs (represented by the top two tiers of the pyramid) provide intensive, specialized services and interventions based on a family’s specific risk factors, whereas universal home visitation is offered to every family living in a community, regardless of risk factors or socio-economic status. A universal program is voluntary and provides primary, preventive, educational and screening services (the bottom two tiers of the pyramid).
Overview of Home Visitation Programs in Los Angeles County

A 2008 home visitation survey conducted by LA Best Babies Network found that services to pregnant women and newborns were a priority for only half (17 of 33) of the responding programs. In L.A. County, there are a number of programs providing targeted services for low-income, first-time or teen mothers, children with disabilities or developmental delays, and families at risk because of poverty, race or ethnicity.

Some examples:

- The Nurse-Family Partnership, the Black Infant Health Program, and Healthy Start follow a health model with a focus on mothers and infants who are disadvantaged, low-income, or who face racial discrimination.
- Early Head Start (the Head Start program for prenatal to age 3) consists of federally funded, community-based, comprehensive child-development programs for low-income pregnant women and their families. The programs provide weekly home visits during the prenatal period, followed by either home- or center-based services until the focus child is 3 years old.
- The Early Intervention or Early Start program is an educational program for infants and toddlers with disabilities or developmental delays.
- Healthy Families America’s goal is to prevent child abuse by supporting families that are in stress.
- The Promotora Health Rescue Project uses immunization as its entrée.

- The First Steps Program (implemented at Los Angeles Child Guidance) uses the home-visiting Interaction Guidance Model for at risk families with infants and toddlers, to help prevent the need for mental health services later on.
- The Partnership For Families is a First 5 LA initiative in partnership with the Department of Children and Family Services to prevent child abuse and neglect.
- The Family Preservation programs grew out of the child welfare system and provide family-based services designed to assist families in crisis by improving parenting and family functioning while keeping children safe.

Each of these programs has its own goals, reaches a different population, and provides different services. Many are funded by unsustainable “soft money” and would benefit from the assistance of a consortium to identify and access more long-term funding streams.

A Home Visitation Consortium would enable programs to coordinate their services, thus avoiding overlaps and service gaps. Under the current system, home visitation programs operate in individual silos, and there exists no mechanism for service providers to refer families to one another. Moreover, critical programs must increase their capacity. Early Start, for example, serves less than 3% of California children under 3, but studies suggest that 17% of L.A. children under 3 may have disabilities or developmental delays, and be in need of these services. And, due to state and county budget cuts, there are now fewer available places in programs such as Nurse Family Partnership, Black Infant Health, and Adolescent Family Life.

Strengthening Home Visitation Programs in Los Angeles County

There is a need, not only for overall strategic planning and development, but for leadership in academia, community organizations, and policy stakeholders to collaborate to advance policy research. The landscape of L.A. County home visitation programs remains disjointed and spread across a variety of disciplines that do not typically intersect or collaborate. The Consortium would represent agencies from the many disciplines that contribute to improved outcomes through home visitation. It would reach out to, and welcome, any program that offers home visits to pregnant women and newborns,
from well-established, highly researched programs, to programs just beginning to incorporate home visiting into their service menu or structure. It would be open to a variety of disciplines, from health and mental health to education and early intervention.

Home visitation consortia have proven effective in other parts of the country, as well as abroad. Some successful models are described below.

1. The Harvard Family Research Project convened the Home Visit Forum in 2000. The forum sought to increase delivery efficiency, develop practice benchmarks to improve quality, and create a better understanding of the role that home visitation could play in state and national systems to help young children and their families. A consortium of administrators, practitioners, and researchers, the Home Visit Forum represented six nationally based programs: Early Head Start (EHS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), the Nurse–Family Partnership (NFP), Parents As Teachers (PAT), and the Parent–Child Home Program (PCHP). Although each program had unique attributes, they shared many goals. Participants identified areas for cross-program cooperation and learning that enhanced their individual programs, while strengthening the home visiting field as a whole.11

2. The Virginia Home Visiting Consortium was created in 2006, as a collaborative effort of 10 state-funded early childhood home visiting programs, and serves families from pregnancy through age 5. The Consortium reports to the Governor’s Working Group on Early Childhood Initiatives and is part of Virginia’s Plan for Smart Beginnings. Its goals are to improve the overall quality of home visiting through developing standards and competencies, technical assistance, and capacity building. To that end, the Consortium has identified a core set of knowledge areas, and developed 12 basic training modules, for use by all early childhood home visitation programs.

3. The Alberta Home Visitation Consortium Association (AHVNA), in Alberta, Canada, formed in 1998-99, is a non-profit organization that promotes quality home visitation programs. AHVNA is a member-driven organization comprised of interested individuals, community-based agencies, home visitation programs, Child and Family Service Authorities, and Regional Health Authorities. AHVNA is funded by the Alberta Children and Youth Services, membership and course fees, grants, and donations. Its mission is to support the provision of quality, voluntary, home visitation services in Alberta that promote the best possible outcomes for vulnerable families. The association promotes best practices and standards through: 1. providing training opportunities, 2. sharing of information on training opportunities, 3. centralized research and evaluation resources, and 4. its “Connections” publication and website resources.12

LA Best Babies Network is a successful local model for a home visitation consortium. The Network, founded in 2004, currently serves as a Network, or consortium, of perinatal health care providers. The Network provides training and technical assistance to the Best Babies Collaboratives (BBCs) as part of the First 5 LA Healthy Births Initiative; the seven BBCs employ home visitors for women at high risk for poor birth outcomes. Through collaboration, and with the Network’s technical assistance and capacity-building programs, these organizations have increased their capacity and improved their sustainability. Compared to five years ago, many Network member organizations are providing a consistently higher level of care to women and their families than they were prior to joining the Network. The Network also has a track record of building successful coalitions and advancing perinatal health-related policies.

Outcomes

The Home Visitation Consortium anticipates the following outcomes, which are based on the framework of the Harvard Family Research Project:

Instrumental outcomes

• Enhanced service quality within home visitation services.
• Greater efficiency in targeting home visitation services.
• Greater appreciation of the role of home visitation services within the broader network of early intervention services for young children and their parents.
• Lessons and tools developed for the field.
• Opening up communication pathways between different County departments, agencies, and programs, such as the Departments of Public Health,
Health Services, Public Social Services, and Children and Family Services.

Ultimate outcomes

• Improved physical, emotional, and cognitive outcomes for children.

• A model of learning through continuous quality improvement.

Recommendations

LA Best Babies Network recommends funding a Los Angeles Home Visitation Consortium. Establishing such a Consortium now would position L.A. County to take part in the state’s California Early Childhood Comprehensive Systems Project,13 an effort to improve the quality of early education and support services for infants, toddlers, young children, and their families. It would set evidence-based standards, establish training and credentialing programs for perinatal home visitors, and coordinate services. A consortium could serve as a platform for sustainable, high-quality perinatal home visitation models, and give them a voice in setting the policy agenda for home visitation in L.A. County.

We urge all stakeholders, including County leadership, home visitation organizations, and other public/private partnerships to support the creation of a Los Angeles Home Visitation Consortium, an integrated system of care that would unite and empower home visitation programs countywide.

Notes and References

End Notes

1,7,8,10 Broyles, E; Reyes, C; Johnson, R; Yonekura, ML (2009) Perinatal home visitation survey: an overview of landscape in Los Angeles County. LA Best Babies Network


12 California Early Childhood Comprehensive Systems Project: http://www.cdph.ca.gov/programs/ECCS/Pages/default.aspx

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